A major concern of Magnetic Resonance Imaging (MRI) is the ability of the “fringe field” to attract ferromagnetic objects and subsequently draw them into the scanner with significant force (approximately 40 mph or greater). This so-called “missile effect” poses potential risks to the patient, everyone near the MRI scanner and damage to the scanner. Prolonged periods of MRI machine down time results if damage to the machine occurs.

Students may have access to MRI environments whenever they are performing clinical rotations in both general radiology and specialty rotations. Students are not permitted to assist with patient transfers or any other capacity within the MRI suite of any clinical facility until the student has completed the MRI Screening form, and they are cleared by BC faculty to enter the MRI environment.

This safety screening must be completed before starting clinical training in the Bakersfield College Radiology Technology program. This safety training must be completed yearly, prior to the first day of clinical education center attendance. Documentation of MRI Safety training will be maintained in the student’s personal file kept in the Radiologic Technology/Allied Health office.

Any changes in the status of a student regarding internal metallic objects will require documentation as to the safety of the device, and completion of a new MRI Screening form.

Students are required to remove the metallic items below prior to arriving at a facility for an MRI Specialty Rotation:

- Hair clips
- TLD’s (alligator clips)
- Name tags
- Scissors
- Pens
- Watches
- Earrings/body rings
- Necklaces
- Wallets (credit cards erase)
- Coins
- Pocket knife (not permitted)
- All metallic objects in lab coat pockets (keys, etc.)
- Clothing with metal in the material
Students **may** not be allowed to participate in an MRI rotation if they have internal metallic objects. **These internal metallic objects could include but are not limited to:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac pacemaker</td>
<td>Penile prosthesis</td>
</tr>
<tr>
<td>Aneurysm clip(s)</td>
<td>Orbital/eye prosthesis</td>
</tr>
<tr>
<td>Implanted cardiac defibrillator</td>
<td>Any type of implant held in place by a magnet</td>
</tr>
<tr>
<td>Neurostimulator</td>
<td>Any type of surgical clip or staple(s)</td>
</tr>
<tr>
<td>Biostimulator</td>
<td>Vascular access port</td>
</tr>
<tr>
<td>Any type of internal electrode(s) including:</td>
<td>Intraventricular shunt</td>
</tr>
<tr>
<td>Pacing wires</td>
<td>Artificial limb or joint</td>
</tr>
<tr>
<td>Cochlear implant</td>
<td>Dentures</td>
</tr>
<tr>
<td>Implanted insulin pump</td>
<td>Diaphragm</td>
</tr>
<tr>
<td>Swan-Ganz catheter</td>
<td>IUD</td>
</tr>
<tr>
<td>Halo vest or metallic cervical fixation device</td>
<td>Pessary (intra-vaginal device)</td>
</tr>
<tr>
<td>Implant: electronic, mechanical or magnetic</td>
<td>Wire mesh implants</td>
</tr>
<tr>
<td>Hearing aid</td>
<td>Tattooed makeup (eyeliner, lips, etc.)</td>
</tr>
<tr>
<td>Metallic foreign body, shrapnel, or bullet</td>
<td>Body piercing(s)</td>
</tr>
<tr>
<td>Heart valve prosthesis</td>
<td>Internal Pacing wires</td>
</tr>
<tr>
<td>Ear implant</td>
<td>Any metallic or foreign body</td>
</tr>
</tbody>
</table>

Any implanted orthopedic item: pins, rods, screws, nails, clips, plates, wire, joint replacement.

MRI has not been studied extensively as to possible effects upon the mother or the fetus during pregnancy. At this time, the definitive risks or complications of working around or having an MRI exam during pregnancy is unknown.

If the student has any questions concerning MRI safety, the student should consult his/her Clinical Coordinator before signing this form.
MRI SAFETY SCREENING FORM

*FORM MUST BE COMPLETED*

Have you ever had any injury involving a metallic object or fragment?  NO  YES
Have you ever had an eye injury by a metallic object from grinding or welding  NO  YES

Please indicate if you have any of the following:

- Aneurysm Clip
- Cardiac Pacemaker
- Internal Cardioverter Defib
- Electronic Implant Or Device
- Magnetically Activated Implant
- Neurostimulation System
- Spinal Cord Stimulator
- Internal Electrodes Or Wires
- Bone Growth Stimulator
- Cochlear Or Other Ear Implant
- Insulin Or Drug Infusion Device
- Any Type Of Prosthesis
- Eyelid Spring Or Wire
- Artificial Or Prosthetic Limb
- Metallic Stent, Filter Or Coil
- Shunt (Brain Or Spine)
- Vascular Access Port and/or Catheter
- Radiation Seeds Or Implants
- Swan-Ganz Catheter
- Medication Patch
- Any Metallic Or Foreign Body
- Wire Mesh Implant
- Tissue Expander
- Surgical Staples, Clips Or Sutures
- Joint Replacement
- Orthopedic Pin, Plate, Screw, Wire, Etc.
- IUD, Diaphragm Or Pessary
- Dentures Or Partial Plates
- Tattoo Or Permanent Eye Makeup
- Body Piercing Jewelry
- Hearing Aid
- Metallic Stent, Filter Or Coil

I attest that the above information is correct to the best of my knowledge. I have read the contents of this form and I have had the opportunity to ask questions regarding the information on this form.

The student’s signature at the bottom of this form indicated that the student understands the safety concerns of MRI and believes he/she is safe to enter the MRI environment and/or participate in an MRI specialty rotation.

____________________________________  ____________________
STUDENT’S SIGNATURE                DATE